

**Chapter 330.201a (Reduction-In-Force)**  
**Subpart B - Establishment of the Reemployment Priority List**

Register [ ]  
Update [ ]  
Delete [ ]

**USDA Re-Employment Priority List (RPL)**  
**Registration Sheet**

**1. Name of Servicing Mission Area Personnel Office**

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Registrant's Agency \_\_\_\_\_

**2. Name of Registrant** (Last) (First) (Middle)

**3. Address of Registrant** (Street) (City) (State) (Zip Code)

Telephone Number of Registrant ( ) \_\_\_\_\_

**4. Tenure Group**

(Two Years)	(One Year)
Career	
Career-Conditional	
( ) 1 AD	( ) 2AD
( ) 1 A	( ) 2A
( ) 1 B	( ) 2B

**5. Date of Separation**

(Month) (Date) (Year)

\_\_\_\_\_

**6. Work Schedule**

( ) FT  
( ) PT - \_\_\_ hrs. per pay period  
( ) Intermittent  
( ) Seasonal

**7. Available for temporary appointment**  
**Available for 90 days or less appointment**

( ) YES  
( ) YES

( ) NO  
( ) NO

**8. Series Qualification**

	Pay Plan	Series	Highest Grade Eligibility	Lowest Grade Acceptable
Present Series	_____	_____	_____	_____
Series 2	_____	_____	_____	_____
Series 3	_____	_____	_____	_____
Series 4	_____	_____	_____	_____
Series 5	_____	_____	_____	_____
Series 6	_____	_____	_____	_____

(Registration grade eligibility - no more than three grades below the position released from, except for preference eligibles with compensable service-connected disability of 30 percent or more limit is five grades.)

(Attach blank sheet to continue series qualification for registrant)

**9. Commuting area (including designated subareas within commuting area) from which displaced.**

State Abbrev.: \_\_\_\_\_

City: \_\_\_\_\_

City Code: \_\_\_\_\_

(Subareas) State: \_\_\_\_\_

City: \_\_\_\_\_

City Code: \_\_\_\_\_

**10. Reasons for Registration**

( ) Reduction-In-Force  
( ) Returned from Military  
( ) Recovered compensable injury or disability

**11. To be completed by Employing Office when the registrant is being removed from RPL**

Name of Employing Office \_\_\_\_\_

Reason for Removal:

( ) (1) Appointment (Attach the Agency, type of appointment, work schedule.)  
( ) (2) Registrant's Written Request (Attach the written request.)  
( ) (3) Declination and Reasons (Attach the declinations and/or reasons.)

**12. Registrant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Appointing Officer** \_\_\_\_\_ **Date** \_\_\_\_\_

(Registration/Update/Deletion)